> The society of Dr Percival was frequently diversified by the visits of strangers and foreigners of distinction, who came to indulge their curiosity in viewing the manufactures and the town of Manchester. His extensive correspondence with men of eminence in various departments was one cause of the frequency of these introductions; and doubtless his own fame, and his undisputed rank in the town where he resided, contributed to the same circumstance. These strangers were on all occasions received by him with polite and liberal hospitality; while their visits afforded him the opportunity, which in remote provincial parts is eagerly embraced, of listening to the history and proceedings of foreign countries.[102]

These brief excerpts are typical of a rich and extensive material which identifies Percival as a type of medical character. Although his son was a far from disinterested spectator, he was confident that he had supported his biography with sufficient independent evidence from testimonials, correspondence, and memorials. But more than anything else, Percival's own *Medical Ethics* would, he hoped, demonstrate his father's ideal character. By 'tracing with his own hand, what sort of a character a physician ought to be', Dr Percival had in that work 'also drawn a portrait of himself'.

While Percival was a medical type, he was not exactly typical. He was neither a part of the medical élite nor was he ever admitted to the Royal College of Physicians. To some contemporaries he was, as Mrs de Quincey's comments indicate, an upstart of dubious religion and politics and certainly tainted by his association with such men as Price and Priestley. To others he was a respected scientist and man of letters. In whatever light his immediate contemporaries saw him, it is clear from hindsight that as a professional man he was a prototype of the doctor who in the following generation began to change the face of medical practice in Britain.[103]

Middlemarch *and Manchester*

The medical biography we depend on for much of the details of Percival's life, character, and career is at bottom a story of medical progress, of the inevitable motion of medicine toward its own perfection. Some balance of judgement may be achieved if we attend briefly to an extraordinary account of the opposite, the seemingly intractable conservatism of the medical profession. In *Middlemarch*, George Eliot created an instructive fictional counterpart to Percival and his successful career in Manchester. Her character, Dr Tertius Lydgate, was also an Edinburgh graduate (*circa* 1829). Like Percival he had studied on the Continent, in Paris, and

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spent some time in London before he returned to the provinces to set up a practice. Although he was a member of a titled family, it was the impoverished cadet branch. He was, however, intelligent, attractive and very ambitious. Like many Edinburgh-trained physicians, he was interested in ventilation and hospital design. He also shared Percival's Baconian dream of advancing medical practice and science 'to do good small work for Middlemarch, and great work for the world'.[104] Unlike Percival he was unable to rise above the petty rivalries that characterized medical practice in a small town. He also had a weakness for beautiful, empty-headed women.

Although many of the professional goals of Percival and Lydgate were similar, it is unlikely that a real Lydgate could have realized them, even without that 'spot of commonness' revealed by his choice of a wife. The most prudent of wives could not have provided the unfortunate Lydgate with what he so obviously lacked and perversely renounced by being in Middlemarch, namely, the accoutrements of a modern profession. Almost thirty years after Percival, Lydgate and real doctors like him pursued their vocations in provincial communities more or less devoid of the institutional props necessary for the 'rational reformer'. Lydgate had no like-minded colleague, such as John Haygarth or John Aikin; there was as yet no modern teaching hospital in Middlemarch, no experimental laboratories such as the one shared by Percival and Priestley, no great public library and no famous literary and philosophical society. Neither was there for Lydgate the all-important membership of the Royal Society which provided young physicians with the criticism, encouragement, and patronage necessary for their advancement. Lydgate, moreover, did not maintain connections with his Edinburgh teachers, as Percival had cultivated the association with Dr Cullen. Middlemarch had no academy to sustain an old boys' network and no equivalent to the Dissenting establishment; nor did it attract a stream of visitors with news and knowledge from abroad. Lydgate had neither the address nor the entrée to establish epistolary relationships with the heirs to d'Alembert and Diderot. For these reasons his youthful schemes of philanthropy and fame came to little more than a fashionable practice and a small treatise on gout.

Lydgate's plight brings into focus those important features of Enlightenment medicine we have outlined above, notably the increasingly social and co-operative nature of scientific practice and research and its growing dependence upon a variety of new public institutions. Lydgate's solitary pursuits would have seemed to

eighteenth-century predecessors like Percival as futile as those of Eliot's Casaubon, the arid pedant whose search for 'the key to all mythologies' epitomized the ethos of pre-Baconian science.

Medical Ethics and Medical Practice

The Physician's Contract

In the Preface to his *Medical Ethics* (1803) Percival took his lead from the Preface to Bacon's *Elements of the Common Laws of England*, according to which every man is:

> a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto. This is performed, in some degree, by the honest and liberal practice of a profession; when men shall carry a respect not to descend into any course that is corrupt and unworthy thereof; and preserve themselves free from the abuses wherewith the same profession is noted to be infected; But much more is this performed, if a man be able to visit and strengthen the roots and foundation of the science itself; thereby not only gracing it in reputation and dignity, but also amplifying it in profession and substance.[101]

Percival's invocation of Bacon's passage served as a precise statement of vocational duty for the medical profession of the eighteenth century. It can be examined not only for its normative precepts but also for its language and style.

That a physician should aspire to be an 'ornament' to his profession, and that he had a duty to cultivate the qualities that would make him so, can very easily be viewed by modern readers as nothing but a professional affectation. The term, however, connoted more than the merely decorative and still preserved much of the original meaning that is implied in Bacon's description, of the richly endowed or equipped, i.e. that which is both useful and beautiful and beautiful because useful. This Baconian ideal and its rich terminology were passed down to generations of medical students through the lectures of great teachers such as Boerhaave and Cullen. According to the latter, as we have seen, the honest and liberal practice of one's profession was the conduct of a Christian gentleman. If the physician added to this character a devotion to science, then he was truly a philosopher and thus an ornament to his profession.

Critics who have been disconcerted by the constant references in Percival's *Medical Ethics* to 'the reputation and dignity of the profession' will perhaps be satisfied if it can be shown that such

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suspicious claims were not necessarily the language of agitation by a group of proto-monopolists. This language was rather part of the Baconian 'mantra' of the new scientific and reforming physicians who believed that the 'dignity' of their profession, in fact its only *raison d'être*, depended on the progressive development of a public body of scientific knowledge. The frequent invocation of such language in the late eighteenth century is not in itself an indication of professional dissolution or disrepute.[106] It was an expression of the view that the reputation of the medical profession had been built on false premises and that these had to be rectified. As such, it was the language of a new confidence, not of defensiveness. The reformist physicians insisted on the acquisition of scientific knowledge as an essential part of the particular duties of a physician and of his implied contract with society. Ultimately it was scientific knowledge that bound the profession together, equipped it as a profession, and served as its brightest ornament.

From Bacon's epigrammatic statements to Gregory's ethics we have found the idea that every man who takes up the office of a profession owes a debt to the body of men making up this profession as well as to the society which they jointly are professing to serve. A profession was thus primarily a voluntary association characterized by a set of duties and rights. For Percival such an association could be understood in terms of its *esprit de corps*, which, like honour, could be either honest or dishonest. If the former, it was 'a principle of action founded in human nature, and when duly regulated, is both rational and laudable'. He also explained the concept of the medical fraternity and the duties it entailed in terms borrowed from Bacon:

> Every man who enters into a fraternity engages, by a *tacit compact*, not only to submit to the laws, but to promote the honour and interest of the association, so far as they are consistent with morality, and the general good of mankind.[107]

In his discussion of the duties of the medical office, Percival also invoked William Blackstone, whose *Commentaries on the Laws of England* had an impact far beyond the law. Blackstone made explicit what was implicit in so much contemporary social thought, namely that the idea of a compact, invoked by Bacon for the professions, applied to society at large. Just as the members of a professional society merely by becoming members engaged themselves to perform certain duties with regard to other members, so all office-holders by virtue of holding their office, whatever it might be, had

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an implied compact or contract with the relevant group or the public at large properly to perform the duties of that office. A specifiable harm that arose from neglect of such duties was thus an actionable one:

> The last class of contracts implied by reason and construction of law arises upon this supposition, that every one who undertakes any office, employment, trust, or duty, contracts with those who employ or entrust him, to perform it with integrity, diligence, and skill. And, if by his want of either of those qualities any injury accrues to individuals, they have therefore their remedy in damages by a special action on the case.[108]

Blackstone also illustrated the legal notion of implied contracts between office-holders and the public at large. Advocates and attorneys:

> that betray the cause of their client, or, being retained, neglect to appear at the trial, by which the cause miscarries, are liable to an action on the case, for a reparation to their injured client. There is also in law always an implied contract with a common inn-keeper, to secure his guest's goods in his inn; with a common carrier or bargemaster, to be answerable for the goods he carries; with a common farrier, that he shoes a horse well, without laming him; with a common taylor, or other workman, that he performs his business in a workmanlike manner: in which if they fail, an action on the case lies to recover damages for such breach of their general undertaking. But if I employ a person to transact any of these concerns, whose common profession and business it is not, the law implies no such *general* undertaking; but in order to charge him with damages, a *special* agreement is required. Also if an inn-keeper, or other victualler, hangs out a sign and opens his house for travellers, it is an [implied] engagement to entertain all persons who travel that way; and upon this universal *assumpsit* an action on the case will lie against him for damages, if he without good reason refuses to admit a traveller.[109]

The legal notion of implied contract was no more than a formalization of a much more general understanding of the ethics of social relations. We find it expressed in a great deal of contemporary writing and teaching of ethics, where it was derived from common natural-law systems just as Blackstone drew on common law. As we have noted already, a striking illustration in the present context is to be found in Thomas Reid's manuscript papers on practical ethics:

> I apply to a man who professes the healing Art. I tell him that I labour under such an ailment, & desire his advice. He prescribes for

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> me without any more ado. It is evident that he comes under an obligation to prescribe for me according to the best of his skill & I to pay him a reasonable fee though no such thing was expressed on the one hand or the other. The consent to this reciprocal obligation is implyed in the Nature of his Profession my application to him & his prescription for my health.[110]

Moreover, and significantly,

> It is not solely The Physician's Oath taken at his inauguration that binds him to the faithfull discharge of the duty of a Physician; his taking upon him the Character virtually & implicitly binds him to this without Oath or Promise. He violates the contract implied in his profession, when he does not prescribe faithfully and honestly.[111]

Although the terms tacit and implied contract were sometimes used interchangeably a distinction can be made. According to Knud Haakonssen, a tacit contract, such as the professional obligation described by Bacon, is simply an unspoken contract or 'an event' involving the will of the contracting parties which gives rise to an obligation. On this interpretation entering the fraternity of physicians is a tacit agreement. Implied contract, on the other hand, is not an event but a moral relation between two or more parties. It does not, as does the tacit contract, suppose an act of will; it could be a situation like the one Reid describes where the parties infer a contract from the nature of the situation they find themselves in, i.e., their particular role or office at the time.[112]

The contract between a physician and his patient also extended to the question of fees. Percival explained, for example, that the traditional honorary or voluntary nature of the physician's reward had been first established by Roman law and subsequently adopted into common law. He noted that fees were subject to long-established variables such as the value of the physician's time, the eminence of his character, and his general rule of practice. From this general rule:

> *a tacit compact* is established, restrictive on the claims of the practitioner, and binding on the probity of the patient. Law cannot properly, by its ordinances, establish the custom, which will and ought to vary in different situations, and under different circumstances. But a court of judicature, when formally appealed to, seems to be competent to authorize it if just, and to correct it if unjust. Such decisions could not wholly change the honorary nature of fees; because they would continue to be increased, at the discretion of the affluent, according to their liberality and grateful sense of kind attentions; and diminished, at the option of the physician, to those who may, from particular circumstances, require his beneficence.[113]

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In short, these common ideas of office, duty and implied contract provided the framework both for a general social ethics and for special ethics such as those implied by riches, knowledge, or high social status and those implied by the opposite circumstances.

Most scholarship on Percival has ignored the central context for his medical ethics, in part because it has ignored his own stated intentions. As a consequence there has been little appreciation of his and his contemporaries' view of the contractual relationship between physician and society. Indeed, several commentators have suggested that eighteenth-century medical ethics, such as Percival's, operated without any recognizable contract between doctor and patient, and that the interests of the patient were simply determined through the duties of the physicians to each other and to their profession.[14] This view ignores the contemporary notion of the unformulated and implied contract inherent in any office, a notion that is crucial to understanding the development of the modern idea of a profession. In the present context the issue can best be approached through close attention to Percival's Preface to *Medical Ethics*, in which he explained the origins and intentions of his work.

Percival's Intentions

The preface or similar statement of intention for one's work was, for the eighteenth-century moralist, in itself a kind of contract. It was, for example, important for an author to indicate and justify the plan of composition chosen and the relationship of the work to others on the same subject. William Paley, Percival's friend and an early reader of *Medical Ethics*, explained in the Preface to his own *Moral and Political Philosophy* that:

> when a writer offers a book to the public, upon a subject on which the public are already in possession of many others, he is bound by a kind of literary justice to inform his readers, distinctly and specifically, what it is he professes to supply, and what he expects to improve.[15]

Like Paley, Percival was concerned that his work should be of immediate practical utility and offer the reader new information on the subject, in other words, that it contribute something new to his profession. It was not to be a mere literary exercise spun from the author's imagination; it was to have practical significance as a statement of the author's expertise. If it were to have such impact, however, it must be able to stand the scrutiny of readers whose credentials positively reflected those of the author.

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Medical Ethics was first published in 1803 but, according to Percival, its opening chapter was written in 1792. This first part was written at the request of his colleagues at the Manchester Infirmary, and 'the substance of it constitutes the code of laws, by which the practice of that comprehensive institution is now governed'.[116] The Infirmary at the time included a:

> Lunatic Hospital, and Dispensary; and has now connected with it a House of Recovery, for the reception of patients ill of contagious fevers. It provides, also, for inoculation both variolus and vaccine; and for the delivery of pregnant women at their own habitations.[117]

The success of the early work led the author to:

> enlarge the plan of his undertaking, and to frame a general system of MEDICAL ETHICS; that the official conduct, and mutual intercourse of the faculty, might be regulated by precise and acknowledged principles of urbanity and rectitude.[118]

In his earlier work, Percival had taken care to emphasize that by 'urbanity and rectitude' he had not meant 'those fictitious principles of honour' known as the gentleman's code of honour. Urbanity was a basic social virtue, and rectitude was nearly coextensive with virtue as such. While these terms now may connote an unappealing combination of slickness and stiffness, in Percival's time they virtually comprised the whole duty of the upright Christian character.[119] Like 'dignity and reputation', 'honour', 'ornament' and the like, they have been generally misunderstood, and their cumulative effect has been to alienate the modern reader.

Percival's first readers did however appreciate what he meant by the principles of urbanity and rectitude in a physician. In fact their high praise bestowed upon his work what he called the 'necessary sanction'.[120] This was not simply vanity on his part, for those who read and commented upon his medical ethics before its publication made an impressive list of leading English and Scottish moralists and medical men. Among the latter were Sir George Baker, the former president of the Royal College of Physicians, and William Heberden, reputedly the most learned of contemporary British physicians. In addition there were several prominent physicians with Edinburgh connections of one sort or another: John Aikin, John Ferriar, James Currie, William Falconer, William Withering and Erasmus Darwin. The moralists included the Rev. Thomas Gisborne, Archdeacon Paley, and the Right Reverend Richard Watson, Bishop of Llandaff.[121] The notable thing about Percival's choice of first readers was that it encompassed Establishment and

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Dissent, professional institution and reform, medical science and philosophical scholarship. Of particular interest in the present context is that both Gisborne and Paley had produced significant and enormously popular systems of moral philosophy. In short, Percival could hardly have composed a group more suited to make good the claims in his preface and their praise and approval played an important role in establishing *Medical Ethics* as the *locus classicus* of medical morals for its time.

The desired utility of a work such as Percival's must in large measure be pursued by means of the proper organization of its material. Percival chose the traditional aphoristic form, which he believed to be in need of special explanation and defence in his prefatorial statement of intent. While appropriate for the task at hand, it was one which 'forbids in great measure, all digressions; and even precludes the discussion of many interesting points, nearly connected with the subject'.[122] Hence the topics for digression he placed in an appendix which he considered necessary to the completion of his overall plan. Other matters he left out altogether as not strictly speaking part of medical ethics, namely the 'Powers, Privileges, and Emoluments' of the faculty of medicine.

Percival clearly did not intend his ethics to replace earlier schemes of medical ethics but rather to illustrate and supplement the work of his predecessors. He referred specifically to Gregory's *Lectures*, Gisborne's chapter 'On the Duties of a Physician' in his massive *Enquiry into the Duties of Men in the Higher and Middle Classes of Society in Great Britain* (a chapter drawn in part from Percival's original pamphlet of 1792), and the *Statuta Moralia* of the Royal College of Physicians. Despite their obvious merit and authority, these works were, he claimed,

> not sufficiently comprehensive for the existing sphere of medical and chirurgical duty: And by the few regulations which they establish, they tacitly sanction the recommendation of a fuller and more adequate code of professional offices.[123]

Percival's desire to create a truly comprehensive ethics was further underlined by the history of the title of his work. His early work had, he claimed, soon become a code of laws governing the new extended Manchester Infirmary. Appropriately, he had initially entitled his work *Medical Jurisprudence*. However,

> some friends having objected to the term *Jurisprudence*, it has been changed to *Ethics*. According to the definition of Justinian, however, Jurisprudence may be understood to include moral injunctions as well as positive ordinances.[124]

While the 'friends' – whatever that chameleon word may hide – eventually may have found Percival's code too much of a positive ordinance, it is hardly surprising that they should have asked him to be Manchester Infirmary's Justinian in the wide sense he here seeks to remind them of. He had a scholarly reputation as one of Britain's best-known medical moralists; he had previously written extensively on hospital policy, and his views had been in circulation for many years.[125] It is most likely therefore that Percival's code of ethics was not created *ab novo* in response to a hospital crisis but that the crisis simply hastened the publication of the work of many years. It can best be explained in the words of his biographer who wrote that his *Medical Ethics* was 'the conclusion of that plan of professional research and disquisition which he had commenced at the outset of his career'.[126]

This point is of some importance because, as we have noted above, so much scholarly literature on the professions has emphasized the purely practical nature of eighteenth-century professional ethics, not least Percival's. The publication of his manual in response to a particular hospital problem has thus been given as an explanation for its supposed incompleteness and lack of any coherent moral philosophical foundation. The question of the completeness and philosophical coherence of Percival's work is to be pursued below. It will become evident that, on this as on several other points, the fact that Percival did not address the questions which modern scholars see as the central ones in medical ethics is a measure of the profound changes in medical ethics rather than of any technical or intellectual failure on his part.

Percival claimed in his preface that his work was up-to-date, comprehensive, original, and that it had the stamp of approval of the most eminent physicians and philosophers. The relevant public seems to have accepted this, and it undoubtedly did so because the work was in fact a judicious mixture of the traditional and the innovative. The social ethics on which Percival drew, and which we have outlined above, had been long in the making and was in large part so much a matter of course that it has been a major difficulty for modern readers in understanding his whole enterprise. Among the novelties, for example, which appealed to his early readers was the central role which the hospital played in *Medical Ethics* and which we must appreciate in order to place the question of the *ad hoc* character of the work in its proper perspective.

Hospital and Profession

Manchester Infirmary was, as Percival boasted, 'a new-modelled